

<b>Case Number:</b>	CM15-0207810		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on 10-27-09. The documentation on 8-12-15 noted that the injured worker has complaints of headaches; neck, mid and upper back, lower back, right shoulder, right elbow, right knee and right ankle pain and pain and numbness in the right wrist. The injured worker rated his pain as a 4 to 6 on the visual analog scale. Cervical spine; thoracic spine and lumbar spine examination there is grade 2 tenderness to palpation over the paraspinal muscles, which has remained the same since his last visit and there is restricted range of motion. Straight leg raise test is positive bilaterally. Right shoulder has grade 2 tenderness to palpation, which has remained the same since his last visit and restricted range of motion. Right elbow there is grade 1 to 2 tenderness to palpation, which has decreased from grade 2 on the last visit. Right wrist there is grade 1 to 2 tenderness to palpation, which has decreased from grade 2 on the last visit. Right knee there is grade 2 tenderness to palpation, which has remained the same since his last visit and there is restricted range of motion. Right ankle there is grade 2 tenderness to palpation, which has remained the same since his last visit. The diagnoses have included sprain of lumbar; head pain; cervical spine strain and sprain with radiculitis, exacerbation. Treatment to date has included norco; compound cream; right knee hinged brace; physical therapy and injections. The injured worker has been on norco since at least 3-25-15. The original utilization review (9-30-15) modified the request for norco 7.5mg-325mg #60 to norco 7.5-325mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 7.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with pain affecting the head, neck, mid back, low back, right shoulder, right elbow, right knee, and right ankle. The current request is for Norco 725/325mg #60. The requesting treating physician report dated 8/12/15 (5B) provides no rationale for the current request. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 3/25/15 (60C). The report dated 8/12/15 (266C) notes that the patient's current pain level is 3-6/10. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required As are not addressed and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Norco. The current request is not medically necessary.